

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/31/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G442		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/08/2013	
NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN				STREET ADDRESS, CITY, STATE, ZIP CODE 402 EWING LN JEFFERSONVILLE, IN 47130			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
W000000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: October 29, 30, 31, November 1 and 8, 2013.</p> <p>Facility Number: 000956 Provider Number: 15G442 AIMS Number: 100244760</p> <p>Surveyor: Dotty Walton, QIDP.</p> <p>The following deficiencies reflect state findings in accordance with 460 IAC 9. Quality Review completed 11/18/13 by Ruth Shackelford, QIDP.</p>			W000000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W000149	<p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on record review and interview, for 6 of 11 facility investigations and reportable incidents (alleged neglect/peer to peer sexual and physical aggression) reviewed, affecting 4 of 4 sampled clients (#1, #2, #3, and #4) and 4 additional clients, (#5, #6, #7 and #8), the facility failed to implement policies and procedures which ensured all clients were free of neglect/abuse, failed to thoroughly investigate incidents of staff to client neglect and client to client abuse and failed to take corrective action to ensure no further episodes of neglect (staff sleeping on the job).</p> <p>Findings include:</p> <p>Review of the facility's investigations and reports to the Bureau of Developmental Disabilities Services/BDDS was done on 10/29/13 at 2:15 PM, 10/30/13 at 12:00 PM and on 10/31/13 at 2:10 PM. The reports indicated the following allegations of client to client abuse and staff to client neglect:</p> <p>Three incidents of staff sleeping on the job were confirmed by the agency's Quality Assurance Department:</p>			W000149	<p>W149: The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Corrective Action: (Specific): Quality Assurance will be in-serviced on the completion of thorough investigations in regards to client neglect and client to client abuse. Quality Assurance will be in-serviced on the completion of investigations for all allegations of client to client abuse and the implementation of corrective measures to prevent reoccurrence. How others will be identified: (Systemic): The Residential Manager will make random visits to the home during all shifts at least three times weekly to ensure that staff is not sleeping on the job and the results of those visits will be sent to the Program Manager each week for review. If the Residential Manager finds any staff asleep while on duty, that staff member will be sent home immediately pending QA investigation and the residential manager will notify the program manager and the executive director of the incident. The Program Manager will review incident reports and investigations weekly with QA to ensure that all allegations have</p>		12/08/2013

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	<p>On 9/15/12 at 12:00 AM clients #1 and #5 found staff #10 sleeping at the facility and reported the incident to their manager. The incident was investigated and substantiated.</p> <p>The BDDS report of 9/15/12 indicated the PC (Program Coordinator) and the DSGL (Director of Supervised Group Living) would make random stops at the facility to prevent future occurrences. No documentation of the observations by supervisory staff was in the materials offered for review.</p> <p>BDDS report of 6/28/13 indicated on 6/28/13 at 11:30 AM clients reported a staff (staff #9) was sleeping while supervising clients. The 7/5/13 follow-up report indicated this allegation of sleeping was substantiated.</p> <p>BDDS report dated 10/25/13 indicated clients at the facility reported staff #8 was sleeping on the job on 10/22/13 at 10:00 PM. Quality Assurance staff investigated the allegation and it was substantiated on 10/31/13.</p> <p>Two reports of client to client aggression at the workshops clients attended were reviewed:</p> <p>On 8/27/13 at 2:05 PM, a coworker put</p>				<p>been thoroughly investigated. Measures to be put in place: Quality Assurance will be in-serviced on the completion of thorough investigations in regards to client neglect and client to client abuse. Quality Assurance will be in-serviced on the completion of investigations for all allegations of client to client abuse and the implementation of corrective measures to prevent reoccurrence. Monitoring of Corrective Action: The Residential Manager will make random visits to the home during all shifts at least three times weekly to ensure that staff is not sleeping on the job and the results of those visits will be sent to the Program Manager each week for review. If the Residential Manager finds any staff asleep while on duty, that staff member will be sent home immediately pending QA investigation and the residential manager will notify the program manager and the executive director of the incident. The Program Manager will review incident reports and investigations weekly with QA to ensure that all allegations have been thoroughly investigated. Completion date: 12/08/13</p>		

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	<p>his hands down client #1's shirt at break. Staff redirected him and he touched her breasts through her shirt (outside). An incident report was forwarded to the facility by workshop supervisory staff. There was no evidence an investigation of the incident or that corrective measures were taken to prevent future occurrences found during the review of facility's investigations.</p> <p>On 1/14/13 client #7 was at workshop sitting at a table working and was shoved from the back by a male peer into her worktable. Client #7's eyeglasses were broken and her eyeglasses cut her eyebrow and she sustained a cut across the side of her head.</p> <p>The incident report review indicated no evidence someone had investigated the incident to see what precipitated the aggression, or what corrective measures could be implemented to prevent future occurrences.</p> <p>Staff failure to prevent elopement: 6/22/13 12:00 PM Client #4 eloped by walking away from the facility and going to a neighborhood yard sale without staff knowledge. Staff #3 (who was working alone with the eight clients) knew client #4 wanted to go to the yard sale. Staff #3 called the police and they returned client #4 to the facility.</p>						

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	<p>According to interview with staff #1 on 10/30/13 at 9:30 AM, staff #3 was working alone and could not leave the facility to get client #4. Staff #3 knew where client #4 was because she had expressed a desire to go to the yard sale, but other clients in the facility did not want to go. Staff #3 was alone at the facility so no one was available to supervise client #4 in the community.</p> <p>The "Abuse/Neglect/Exploitation Policy and Procedure" revision date of 0/7/02/2012 component of the agency's Operational Policy and Procedure Manual was reviewed on October 29, 2013 at 2:30 PM. The review indicated the agency prohibited neglect and abuse of clients. definitions were as follows:</p> <p>"Abuse--Physical Definition: 1. The act or failure to act, that results or could result in physical injury to an individual 2. Non-accidental injury inflicted by another person or persons.</p> <p>The definition of sexual abuse was as follows: "C Abuse--Sexual Definition: 1. The act or failure to act, that results or</p>						

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	<p>could result in emotional injury to an individual.</p> <p>2. The act of insulting or profane language or gestures directed toward an individual that subject him or her to humiliation or degradation.</p> <p>3. A non-consensual act of a sexual nature involving an individual. The act may be used for sexual gratification of the perpetrator or a third party.</p> <p>4. Anyone who allows or encourages forced sexual activity."</p> <p>E. Neglect--Emotional/Physical Definition:</p> <p>1. Failure to provide goods and/or services necessary to the individual to avoid physical harm.</p> <p>2. Failure to provide the support necessary to an individual's psychological and social well being.</p> <p>3. Failure to meet the basic needs such as food, shelter, clothing and to provide a safe environment."</p> <p>"Incident Management and Investigation Manual" dated June, 2012 reviewed on 11/1/13 at 12:30 PM indicated staff assigned to investigate incidents were to conduct thorough investigations. Evidence was to be collected and the incident report reviewed. The victim and all witness of events prior to, during and after the incident were to be interviewed</p>						

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	<p>and written statements were to be obtained. All evidence was to be organized and integrated to determine if their was a breach in agency policy. Conclusions were to be drawn based on the evidence collected to determine if the allegation could be supported or not. An investigative report is to be formulated to convey the results of the investigation. The report should convey what happened: incidents and chronology, why it happened (causal factors), and "what can be done to prevent recurrence."</p> <p>Interview with the Administrator on 11/1/2013 at 12:20 PM indicated it was the policy of the agency to report, investigate and implement corrective actions regarding incidents of clients' neglect and abuse.</p> <p>9-3-2(a)</p>						

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W000154	<p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>Based on record review and interview, the facility failed to ensure for 2 of 4 sampled clients (#1 and #4) and 1 additional client, (#7), instances of client to client physical abuse and staff to client neglect (failure to prevent elopement) were thoroughly investigated.</p> <p>Findings include:</p> <p>Review of the facility's investigations and reports to the Bureau of Developmental Disabilities Services/BDDS was done on 10/29/13 at 2:15 PM, 10/30/13 at 12:00 PM and on 10/31/13 at 2:10 PM. The reports indicated the following incidents of client to client abuse and staff to client neglect:</p> <p>Two reports of client to client aggression at the workshops clients attended were reviewed:</p> <p>On 8/27/13 at 2:05 PM, a coworker put his hands down client #1's shirt at break. Staff redirected him and he touched her breasts through her shirt (outside). An incident report was forwarded to the facility by workshop supervisory staff. There was no evidence an investigation of</p>			W000154	<p>W154: The facility must have evidence that all alleged violations are thoroughly investigated. Corrective Action: (Specific): Quality Assurance will be in-serviced on the completion of thorough investigations in regards to client neglect and client to client abuse. Quality Assurance will be in-serviced on the completion of investigations for all allegations of client to client abuse and the implementation of corrective measures to prevent reoccurrence. How others will be identified: (Systemic): The Residential Manager will make random visits to the home during all shifts at least three times weekly to ensure that staff is not sleeping on the job. The Program Manager will review incident reports and investigations weekly with QA to ensure that all allegations have been thoroughly investigated. The Program Manager will review incident reports and investigations weekly with QA to ensure that all allegations of client to client abuse have been reported and are thoroughly investigated and that corrective measures are implemented and monitored for effectiveness Measures to be put in place: Quality Assurance will be in-serviced on the completion</p>		12/08/2013

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	<p>the incident had been conducted to ensure corrective measures were taken to protect client #1 from further violation during the review of the facility's investigations.</p> <p>On 1/14/13 client #7 was at workshop sitting at a table working and was shoved from the back by a male peer into her worktable. Client #7's eyeglasses were broken and her eyeglasses cut her eyebrow and she sustained a cut across the side of her head.</p> <p>The incident report review indicated no evidence someone had investigated the incident to see what precipitated the aggression, or what corrective measures could be implemented to prevent future occurrences.</p> <p>Staff failure to prevent elopement:</p> <p>6/22/13 1200 PM Client #4 eloped by walking away from the facility and going to a neighborhood yard sale without staff knowledge. Staff #3 (who was working alone with the eight clients) knew client #4 wanted to go to the yard sale, so she knew where she had gone when found to be missing from the facility. Staff #3 called the police and they returned client #4 to the facility.</p> <p>According to interview with staff #1 on 10/30/13 at 9:30 AM, staff #3 was working alone and could not leave the</p>				<p>of thorough investigations in regards to client neglect and client to client abuse. Quality Assurance will be in-serviced on the completion of investigations for all allegations of client to client abuse and the implementation of corrective measures to prevent reoccurrence. Monitoring of Corrective Action: The Residential Manager will make random visits to the home during all shifts at least three times weekly to ensure that staff is not sleeping on the job. The Program Manager will review incident reports and investigations weekly with QA to ensure that all allegations have been thoroughly investigated. The Program Manager will review incident reports and investigations weekly with QA to ensure that all allegations of client to client abuse have been reported and are thoroughly investigated and that corrective measures are implemented and monitored for effectiveness Completion date: 12/08/13</p>		

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	<p>facility to get client #4. Staff #3 knew where client #4 was because she had expressed a desire to go to the yard sale, but other clients in the facility did not want to go. Staff #3 was alone at the facility so no one was available to supervise client #4 in the community. No investigation of the incident of client #4's elopement or how it could have been avoided was done. There was no information regarding the lack of staff at the time of the elopement.</p> <p>Interview with Quality Assurance staff #1 on 10/30/13 at 2:30 PM indicated there was no documented evidence the above incidents had been investigated.</p> <p>9-3-2(a)</p>						

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W000157	<p>483.420(d)(4) STAFF TREATMENT OF CLIENTS If the alleged violation is verified, appropriate corrective action must be taken. Based on record review and interview, for 4 of 4 sampled clients (#1, #2, #3, and #4) and 4 additional clients, (#5, #6, #7 and #8), the facility failed to implement corrective measures (administrative supervision) to ensure further episodes of neglect (staff sleeping on the job). Findings include: Review of the facility's investigations and reports to the Bureau of Developmental Disabilities Services/BDDS was done on 10/29/13 at 2:15 PM, 10/30/13 at 12:00 PM and on 10/31/13 at 2:10 PM. The reports indicated the following allegations of staff to client neglect: Three incidents of staff sleeping on the job were confirmed by the agency's Quality Assurance Department: On 9/15/12 at 12:00 AM clients #1 and #5 found staff #10 sleeping at the facility and reported the incident to their manager. The incident was investigated and substantiated. The BDDS report of 9/15/12 indicated the PC (Program Coordinator) and the DSGL (Director of Supervised Group Living) would make random stops at the facility</p>			W000157	<p>W157: If the alleged violation is verified, appropriate corrective action must be taken. Corrective Action: Corrective Action: (Specific): Quality Assurance will be in-serviced on the completion of thorough investigations in regards to client neglect and client to client abuse. Quality Assurance will be in-serviced on the completion of investigations for all allegations of client to client abuse and the implementation of corrective measures to prevent reoccurrence. How others will be identified: (Systemic): The Residential Manager will make random visits to the home during all shifts at least three times weekly to ensure that staff is not sleeping on the job and the results of those visits will be sent to the Program Manager each week for review. If the Residential Manager finds any staff asleep while on duty, that staff member will be sent home immediately pending QA investigation and the residential manager will notify the program manager and the executive director of the incident. The Program Manager will review incident reports and investigations weekly with QA to ensure that all allegations have been thoroughly investigated. Measures to be put in place:</p>		12/08/2013

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	<p>to prevent future occurrences. No documentation of the observations by supervisory staff were in the materials offered for review.</p> <p>BDDS report of 6/28/13 indicated on 6/28/13 at 11:30 AM clients reported a staff (staff #9) was sleeping while supervising clients. The 7/5/13 follow-up report indicated this allegation of sleeping was substantiated.</p> <p>BDDS report dated 10/25/13 indicated clients at the facility reported staff #8 was sleeping on the job on 10/22/13 at 10:00 PM. Quality Assurance staff investigated the allegation and it was substantiated on 10/31/13.</p> <p>Interview with Quality Assurance staff #1 on 10/30/13 at 2:30 PM indicated there was no documented evidence of the house manager or the program director doing spot checks at random times in an effort to prevent staff from sleeping on the job.</p> <p>Interview with the Administrator on 11/1/2013 at 12:20 PM indicated no evidence that the corrective measures (random observations by supervisory staff) had been conducted at the facility to ensure staff were not sleeping on the job.</p> <p>9-3-2(a)</p>			<p>Quality Assurance will be in-serviced on the completion of thorough investigations in regards to client neglect and client to client abuse. Quality Assurance will be in-serviced on the completion of investigations for all allegations of client to client abuse and the implementation of corrective measures to prevent reoccurrence. Monitoring of Corrective Action: The Residential Manager will make random visits to the home during all shifts at least three times weekly to ensure that staff is not sleeping on the job and the results of those visits will be sent to the Program Manager each week for review. If the Residential Manager finds any staff asleep while on duty, that staff member will be sent home immediately pending QA investigation and the residential manager will notify the program manager and the executive director of the incident. The Program Manager will review incident reports and investigations weekly with QA to ensure that all allegations have been thoroughly investigated. Completion date: 12/08/13</p>			

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